

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90108 012 ****70.00

DOCUMENT # N01000000336

1. Entity Name

INSTITUTE OF Gnostic ANTHROPOLOGY, INC.

Principal Place of Business

Mailing Address

2380 NW 7TH ST
 MIAMI FL 33125

2378 NW 7TH ST
 MIAMI FL 33125

2. Principal Place of Business

1730 S.W. 7TH STREET

3. Mailing Address

1730 S.W. 7TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

APT. 2

City & State

MIAMI, FLA.

City & State

MIAMI, FLORIDA

Zip

33135

Country

U.S.A.

Zip

33135

Country

DADE, USA.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BELTRAN, MARTHA
~~2378 NW 7TH ST~~
~~MIAMI FL 33125~~

(New Address)
1730 S.W. 7TH STREET, #2
MIAMI, FLA. 33135

Name

(SAME) MARTHA BELTRAN

Street Address (P.O. Box Number is not acceptable)

1730 S.W. 7TH STREET, #2

City

MIAMI

FL

Zip Code

33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELTRAN, CARLOS A	
STREET ADDRESS	1730 S.W. 7TH ST.,	
CITY-ST-ZIP	APT. 2, MIAMI, 33135, FLA.	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELTRAN, MARTHA N	
STREET ADDRESS	1730 S.W. 7TH ST.,	
CITY-ST-ZIP	APT. 2, MIAMI, FLA. 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAVEZ, PEDRO	
STREET ADDRESS	3404 S LE LEJUNE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: **MARTHA BELTRAN** **(MARTHA BELTRAN)** **4/29/02** **(305-649-8414)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)